

As Introduced

135th General Assembly

Regular Session

2023-2024

H. B. No. 275

Representatives Young, T., Plummer

A BILL

To amend sections 4715.302, 4723.481, 4723.487, 1
4729.83, 4730.42, 4730.53, 4731.052, 4731.054, 2
and 4731.055 and to enact sections 3719.065, 3
3719.081, and 3796.022 of the Revised Code to 4
revise the law governing the review of patient 5
information in the Ohio Automated Rx Reporting 6
System, to establish requirements on the 7
prescribing and dispensing of opioid analgesics, 8
to establish the Medical Marijuana Control 9
Program Fund and provide for a cash transfer, 10
and to amend the version of section 4723.481 of 11
the Revised Code that is scheduled to take 12
effect on September 30, 2024, to continue the 13
changes to that section on and after that date. 14

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 4715.302, 4723.481, 4723.487, 15
4729.83, 4730.42, 4730.53, 4731.052, 4731.054, and 4731.055 be 16
amended and sections 3719.065, 3719.081, and 3796.022 of the 17
Revised Code be enacted to read as follows: 18

Sec. 3719.065. (A) As used in this section: 19

(1) "Health-related licensing board" has the same meaning 20
as in section 3719.062 of the Revised Code. 21

(2) "Prescriber" has the same meaning as in section 22
3719.01 of the Revised Code, except that it does not include a 23
veterinarian licensed under Chapter 4741. of the Revised Code. 24

(B) In addition to the requirements described in sections 25
3719.061 and 4731.052 of the Revised Code, a prescriber who 26
issues a prescription for an opioid analgesic in an amount 27
indicated for a period of five or more days shall counsel the 28
patient or the patient's representative on the risks of opioid 29
addiction and the importance of proper medication storage and 30
disposal. 31

(C) Each health-related licensing board shall adopt 32
guidelines regarding the counseling to be provided by a 33
prescriber to a patient or patient's representative under 34
division (B) of this section. 35

Sec. 3719.081. (A) In addition to the requirements 36
described in section 3719.08 of the Revised Code, when a 37
pharmacist dispenses a controlled substance that is an opioid 38
analgesic on a prescription for use by a patient outside of a 39
hospital, the pharmacist shall affix to the container in which 40
the opioid analgesic is dispensed a warning describing the risks 41
associated with opioid analgesics. 42

(B) (1) The board of pharmacy shall adopt rules specifying 43
all of the following: 44

(a) The type of warning to be affixed, in particular, 45
whether the warning shall be a label or sticker; 46

(b) The location on the container where the warning is to 47
be affixed; 48

(c) The warning's color, including its background and 49
text; 50

(d) The language to be included in the warning, which, at 51
minimum, shall indicate that the drug inside the container is an 52
opioid analgesic and that such a drug carries a risk of 53
addiction and overdose; 54

(e) The font and format of any language to be included in 55
the warning. 56

(2) The board may adopt any other rules as necessary to 57
implement this section. 58

(3) When adopting rules under this section, the board 59
shall do so in accordance with Chapter 119. of the Revised Code. 60

Sec. 3796.022. All receipts of the medical marijuana 61
control program, from any source, shall be deposited in the 62
state treasury. The funds shall be deposited to the credit of 63
the medical marijuana control program fund, which is hereby 64
created. Except as provided in section 4729.83 of the Revised 65
Code, all funds deposited into the state treasury under this 66
section shall be used solely for the administration and 67
enforcement of this chapter. 68

Sec. 4715.302. (A) As used in this section: 69

(1) "Drug database" means the database established and 70
maintained by the state board of pharmacy pursuant to section 71
4729.75 of the Revised Code. 72

(2) "Opioid analgesic" and "benzodiazepine" have the same 73
meanings as in section 3719.01 of the Revised Code. 74

(B) Except as provided in divisions (C) and (E) of this 75
section, a dentist shall comply with all of the following as 76

conditions of prescribing a drug that is either an opioid 77
analgesic or a benzodiazepine, or personally furnishing a 78
complete or partial supply of such a drug, as part of a 79
patient's course of treatment for a particular condition: 80

(1) Before initially prescribing or furnishing the drug, 81
the dentist or the dentist's delegate shall request from the 82
drug database a report of information related to the patient 83
that covers at least the twelve months immediately preceding the 84
date of the request. If the dentist practices primarily in a 85
county of this state that adjoins another state, the dentist or 86
delegate also shall request a report of any information 87
available in the drug database that pertains to prescriptions 88
issued or drugs furnished to the patient in the state adjoining 89
that county. 90

(2) If the patient's course of treatment for the condition 91
continues for more than ninety days after the initial report is 92
requested, the dentist or delegate shall make periodic requests 93
for reports of information from the drug database until the 94
course of treatment has ended. The requests shall be made at 95
intervals not exceeding ninety days, determined according to the 96
date the initial request was made. The request shall be made in 97
the same manner provided in division (B)(1) of this section for 98
requesting the initial report of information from the drug 99
database. 100

(3) On receipt of a report under division (B)(1) or (2) of 101
this section, the dentist shall assess the information in the 102
report. The dentist shall document in the patient's record that 103
the report was received and the information was assessed. 104

(C)(1) Division (B) of this section does not apply if a 105
drug database report regarding the patient is not available. In 106

this event, the dentist shall document in the patient's record 107
the reason that the report is not available. 108

(2) Division (B) of this section does not apply if the 109
drug is prescribed or personally furnished to treat acute pain 110
resulting from a surgical or other invasive procedure, but only 111
if the drug is prescribed or personally furnished in an amount 112
indicated for a period not to exceed ~~seven~~three days. 113

(D) The state dental board may adopt rules that establish 114
standards and procedures to be followed by a dentist regarding 115
the review of patient information available through the drug 116
database under division (A) (5) of section 4729.80 of the Revised 117
Code. The rules shall be adopted in accordance with Chapter 119. 118
of the Revised Code. 119

(E) This section and any rules adopted under it do not 120
apply if the state board of pharmacy no longer maintains the 121
drug database. 122

Sec. 4723.481. This section establishes standards and 123
conditions regarding the authority of an advanced practice 124
registered nurse who is designated as a clinical nurse 125
specialist, certified nurse-midwife, or certified nurse 126
practitioner to prescribe and personally furnish drugs and 127
therapeutic devices under a license issued under section 4723.42 128
of the Revised Code. 129

(A) A clinical nurse specialist, certified nurse-midwife, 130
or certified nurse practitioner shall not prescribe or furnish 131
any drug or therapeutic device that is listed on the 132
exclusionary formulary established in rules adopted under 133
section 4723.50 of the Revised Code. 134

(B) The prescriptive authority of a clinical nurse 135

specialist, certified nurse-midwife, or certified nurse 136
practitioner shall not exceed the prescriptive authority of the 137
collaborating physician or podiatrist, including the 138
collaborating physician's authority to treat chronic pain with 139
controlled substances ~~and products containing tramadol as~~ 140
described in section 4731.052 of the Revised Code. 141

(C) (1) Except as provided in division (C) (2) or (3) of 142
this section, a clinical nurse specialist, certified nurse- 143
midwife, or certified nurse practitioner may prescribe to a 144
patient a schedule II controlled substance only if all of the 145
following are the case: 146

(a) The patient has a terminal condition, as defined in 147
section 2133.01 of the Revised Code. 148

(b) A physician initially prescribed the substance for the 149
patient. 150

(c) The prescription is for an amount that does not exceed 151
the amount necessary for the patient's use in a single, seventy- 152
two-hour period. 153

(2) The restrictions on prescriptive authority in division 154
(C) (1) of this section do not apply if a clinical nurse 155
specialist, certified nurse-midwife, or certified nurse 156
practitioner issues the prescription to the patient from any of 157
the following entities: 158

(a) A hospital registered under section 3701.07 of the 159
Revised Code; 160

(b) An entity owned or controlled, in whole or in part, by 161
a hospital or by an entity that owns or controls, in whole or in 162
part, one or more hospitals; 163

(c) A health care facility operated by the department of 164
mental health and addiction services or the department of 165
developmental disabilities; 166

(d) A nursing home licensed under section 3721.02 of the 167
Revised Code or by a political subdivision certified under 168
section 3721.09 of the Revised Code; 169

(e) A county home or district home operated under Chapter 170
5155. of the Revised Code that is certified under the medicare 171
or medicaid program; 172

(f) A hospice care program, as defined in section 3712.01 173
of the Revised Code; 174

(g) A community mental health services provider, as 175
defined in section 5122.01 of the Revised Code; 176

(h) An ambulatory surgical facility, as defined in section 177
3702.30 of the Revised Code; 178

(i) A freestanding birthing center, as defined in section 179
3702.141 of the Revised Code; 180

(j) A federally qualified health center, as defined in 181
section 3701.047 of the Revised Code; 182

(k) A federally qualified health center look-alike, as 183
defined in section 3701.047 of the Revised Code; 184

(l) A health care office or facility operated by the board 185
of health of a city or general health district or the authority 186
having the duties of a board of health under section 3709.05 of 187
the Revised Code; 188

(m) A site where a medical practice is operated, but only 189
if the practice is comprised of one or more physicians who also 190

are owners of the practice; the practice is organized to provide 191
direct patient care; and the clinical nurse specialist, 192
certified nurse-midwife, or certified nurse practitioner 193
providing services at the site has a standard care arrangement 194
and collaborates with at least one of the physician owners who 195
practices primarily at that site; 196

(n) A residential care facility, as defined in section 197
3721.01 of the Revised Code. 198

(3) A clinical nurse specialist, certified nurse-midwife, 199
or certified nurse practitioner shall not issue to a patient a 200
prescription for a schedule II controlled substance from a 201
convenience care clinic even if the clinic is owned or operated 202
by an entity specified in division (C) (2) of this section. 203

(D) A pharmacist who acts in good faith reliance on a 204
prescription issued by a clinical nurse specialist, certified 205
nurse-midwife, or certified nurse practitioner under division 206
(C) (2) of this section is not liable for or subject to any of 207
the following for relying on the prescription: damages in any 208
civil action, prosecution in any criminal proceeding, or 209
professional disciplinary action by the state board of pharmacy 210
under Chapter 4729. of the Revised Code. 211

(E) A clinical nurse specialist, certified nurse-midwife, 212
or certified nurse practitioner shall comply with section 213
3719.061 of the Revised Code if the nurse prescribes for a 214
minor, as defined in that section, an opioid analgesic, as 215
defined in section 3719.01 of the Revised Code. 216

Sec. 4723.487. (A) As used in this section: 217

(1) "Drug database" means the database established and 218
maintained by the state board of pharmacy pursuant to section 219

4729.75 of the Revised Code. 220

(2) "Opioid analgesic" and "benzodiazepine" have the same 221
meanings as in section 3719.01 of the Revised Code. 222

(B) Except as provided in divisions (C) and (E) of this 223
section, an advanced practice registered nurse who is designated 224
as a clinical nurse specialist, certified nurse-midwife, or 225
certified nurse practitioner shall comply with all of the 226
following as conditions of prescribing a drug that is either an 227
opioid analgesic or a benzodiazepine as part of a patient's 228
course of treatment for a particular condition: 229

(1) Before initially prescribing the drug, the advanced 230
practice registered nurse or the advanced practice registered 231
nurse's delegate shall request from the drug database a report 232
of information related to the patient that covers at least the 233
twelve months immediately preceding the date of the request. If 234
the advanced practice registered nurse practices primarily in a 235
county of this state that adjoins another state, the advanced 236
practice registered nurse or delegate also shall request a 237
report of any information available in the drug database that 238
pertains to prescriptions issued or drugs furnished to the 239
patient in the state adjoining that county. 240

(2) If the patient's course of treatment for the condition 241
continues for more than ninety days after the initial report is 242
requested, the advanced practice registered nurse or delegate 243
shall make periodic requests for reports of information from the 244
drug database until the course of treatment has ended. The 245
requests shall be made at intervals not exceeding ninety days, 246
determined according to the date the initial request was made. 247
The request shall be made in the same manner provided in 248
division (B)(1) of this section for requesting the initial 249

report of information from the drug database. 250

(3) On receipt of a report under division (B) (1) or (2) of 251
this section, the advanced practice registered nurse shall 252
assess the information in the report. The advanced practice 253
registered nurse shall document in the patient's record that the 254
report was received and the information was assessed. 255

(C) Division (B) of this section does not apply ~~if~~ in any 256
of the following circumstances: 257

(1) A drug database report regarding the patient is not 258
available, in which case the advanced practice registered nurse 259
shall document in the patient's record the reason that the 260
report is not available. 261

~~(2) The drug is prescribed in an amount indicated for a~~ 262
~~period not to exceed seven days.~~ 263

~~(3)~~ The drug is prescribed for the treatment of cancer or 264
another condition associated with cancer. 265

~~(4)~~ (3) The drug is prescribed to a hospice patient in a 266
hospice care program, as those terms are defined in section 267
3712.01 of the Revised Code, or any other patient diagnosed as 268
terminally ill. 269

~~(5)~~ (4) The drug is prescribed for administration in a 270
hospital, nursing home, or residential care facility. 271

(D) The board of nursing may adopt rules, in accordance 272
with Chapter 119. of the Revised Code, that establish standards 273
and procedures to be followed by an advanced practice registered 274
nurse regarding the review of patient information available 275
through the drug database under division (A) (5) of section 276
4729.80 of the Revised Code. The rules shall be adopted in 277

accordance with Chapter 119. of the Revised Code. 278

(E) This section and any rules adopted under it do not 279
apply if the state board of pharmacy no longer maintains the 280
drug database. 281

Sec. 4729.83. (A) If the state board of pharmacy 282
establishes and maintains a drug database pursuant to section 283
4729.75 of the Revised Code, the board may use, for the purpose 284
of establishing or maintaining the database, any portion of the 285
licensure or registration fees collected under this chapter. The 286
board shall not increase the amount of any of those fees solely 287
for the purpose of establishing or maintaining the database. 288

The board shall not impose any charge on a prescriber for 289
the establishment or maintenance of the database. The board 290
shall not charge any fees for the transmission of data to the 291
database or for the receipt of information from the database, 292
except that the board may charge a fee in accordance with rules 293
adopted under section 4729.84 of the Revised Code to an 294
individual who requests the individual's own database 295
information under section 4729.80 of the Revised Code. 296

(B) The board may accept grants, gifts, or donations for 297
purposes of the drug database. Any money received shall be 298
deposited into the state treasury to the credit of the drug 299
database fund, which is hereby created. Money in the fund shall 300
be used solely for purposes of the drug database. 301

(C) Not later than five days after the beginning of each 302
state fiscal year, the director of commerce and the executive 303
director of the state board of pharmacy shall consult with the 304
director of budget and management to determine the amount of 305
money sufficient for maintaining and administering drug database 306

operations and initiatives aimed at reducing the diversion of 307
dangerous drugs. After that determination, the director of 308
budget and management shall transfer the determined amount in 309
cash from the medical marijuana control program fund established 310
under section 3796.022 of the Revised Code to the drug database 311
fund. 312

Sec. 4730.42. (A) In granting physician-delegated 313
prescriptive authority to a particular physician assistant who 314
holds a valid prescriber number issued by the state medical 315
board, the supervising physician is subject to all of the 316
following: 317

(1) The supervising physician shall not grant physician- 318
delegated prescriptive authority for any drug or device that may 319
be used to perform or induce an abortion. 320

(2) The supervising physician shall not grant physician- 321
delegated prescriptive authority in a manner that exceeds the 322
supervising physician's prescriptive authority, including the 323
physician's authority to treat chronic pain with controlled 324
substances ~~and products containing tramadol~~ as described in 325
section 4731.052 of the Revised Code. 326

(3) The supervising physician shall supervise the 327
physician assistant in accordance with both of the following: 328

(a) The supervision requirements specified in section 329
4730.21 of the Revised Code; 330

(b) The supervision agreement entered into with the 331
physician assistant under section 4730.19 of the Revised Code, 332
including, if applicable, the policies of the health care 333
facility in which the physician and physician assistant are 334
practicing. 335

(B) (1) The supervising physician of a physician assistant 336
may place conditions on the physician-delegated prescriptive 337
authority granted to the physician assistant. If conditions are 338
placed on that authority, the supervising physician shall 339
maintain a written record of the conditions and make the record 340
available to the state medical board on request. 341

(2) The conditions that a supervising physician may place 342
on the physician-delegated prescriptive authority granted to a 343
physician assistant include the following: 344

(a) Identification by class and specific generic 345
nomenclature of drugs and therapeutic devices that the physician 346
chooses not to permit the physician assistant to prescribe; 347

(b) Limitations on the dosage units or refills that the 348
physician assistant is authorized to prescribe; 349

(c) Specification of circumstances under which the 350
physician assistant is required to refer patients to the 351
supervising physician or another physician when exercising 352
physician-delegated prescriptive authority; 353

(d) Responsibilities to be fulfilled by the physician in 354
supervising the physician assistant that are not otherwise 355
specified in the supervision agreement or otherwise required by 356
this chapter. 357

Sec. 4730.53. (A) As used in this section: 358

(1) "Drug database" means the database established and 359
maintained by the state board of pharmacy pursuant to section 360
4729.75 of the Revised Code. 361

(2) "Opioid analgesic" and "benzodiazepine" have the same 362
meanings as in section 3719.01 of the Revised Code. 363

(B) Except as provided in divisions (C) and (E) of this 364
section, a physician assistant licensed under this chapter who 365
has been granted physician-delegated prescriptive authority 366
shall comply with all of the following as conditions of 367
prescribing a drug that is either an opioid analgesic or a 368
benzodiazepine as part of a patient's course of treatment for a 369
particular condition: 370

(1) Before initially prescribing the drug, the physician 371
assistant or the physician assistant's delegate shall request 372
from the drug database a report of information related to the 373
patient that covers at least the twelve months immediately 374
preceding the date of the request. If the physician assistant 375
practices primarily in a county of this state that adjoins 376
another state, the physician assistant or delegate also shall 377
request a report of any information available in the drug 378
database that pertains to prescriptions issued or drugs 379
furnished to the patient in the state adjoining that county. 380

(2) If the patient's course of treatment for the condition 381
continues for more than ninety days after the initial report is 382
requested, the physician assistant or delegate shall make 383
periodic requests for reports of information from the drug 384
database until the course of treatment has ended. The requests 385
shall be made at intervals not exceeding ninety days, determined 386
according to the date the initial request was made. The request 387
shall be made in the same manner provided in division (B)(1) of 388
this section for requesting the initial report of information 389
from the drug database. 390

(3) On receipt of a report under division (B)(1) or (2) of 391
this section, the physician assistant shall assess the 392
information in the report. The physician assistant shall 393

document in the patient's record that the report was received 394
and the information was assessed. 395

(C) Division (B) of this section does not apply in any of 396
the following circumstances: 397

(1) A drug database report regarding the patient is not 398
available, in which case the physician assistant shall document 399
in the patient's record the reason that the report is not 400
available. 401

~~(2) The drug is prescribed in an amount indicated for a 402
period not to exceed seven days. 403~~

~~(3) The drug is prescribed for the treatment of cancer or 404
another condition associated with cancer. 405~~

~~(4) (3) The drug is prescribed to a hospice patient in a 406
hospice care program, as those terms are defined in section 407
3712.01 of the Revised Code, or any other patient diagnosed as 408
terminally ill. 409~~

~~(5) (4) The drug is prescribed for administration in a 410
hospital, nursing home, or residential care facility. 411~~

(D) The state medical board may adopt rules that establish 412
standards and procedures to be followed by a physician assistant 413
licensed under this chapter who has been granted physician- 414
delegated prescriptive authority regarding the review of patient 415
information available through the drug database under division 416
(A) (5) of section 4729.80 of the Revised Code. The rules shall 417
be adopted in accordance with Chapter 119. of the Revised Code. 418

(E) This section and any rules adopted under it do not 419
apply if the state board of pharmacy no longer maintains the 420
drug database. 421

Sec. 4731.052. (A) As used in this section:

(1) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

(2) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.

(3) "Physician" means an individual authorized under this chapter to practice medicine and surgery or osteopathic medicine and surgery.

(B) The state medical board shall adopt rules in accordance with Chapter 119. of the Revised Code that establish standards and procedures to be followed by physicians in the diagnosis and treatment of chronic pain, including standards for a physician's consultation with one or more other physicians who specialize in the treatment of the area, system, or organ of the body perceived as the source of pain and managing chronic pain by prescribing, personally furnishing, or administering controlled substances ~~or products containing tramadol.~~

(C) When a physician diagnoses a patient as having chronic pain, the physician may, subject to division (D) of this section, treat the pain by managing it with controlled substances ~~and products containing tramadol.~~ The physician's diagnosis and treatment decisions shall be made according to accepted and prevailing standards for medical care. For the

purpose of assisting with the diagnosis of chronic pain, the 451
physician shall obtain and review all available medical records 452
or detailed written summaries of the patient's treatment for 453
chronic pain or the condition causing the chronic pain. It is 454
recommended that the physician also consider having the patient 455
evaluated by one or more other physicians who specialize in the 456
treatment of the area, system, or organ of the body perceived as 457
the source of the pain. 458

(D) For each patient a physician diagnoses as having 459
chronic pain, the physician shall maintain a written record of 460
all of the following: 461

(1) Medical history and physical examination of the 462
patient; 463

(2) The diagnosis of chronic pain, including signs, 464
symptoms, and causes; 465

(3) The plan of treatment proposed, the patient's response 466
to treatment, and any modification to the plan of treatment, 467
including all of the following: 468

(a) Documentation that other medically reasonable 469
treatments for relief of the patient's chronic pain have been 470
offered or attempted without adequate or reasonable success; 471

(b) Periodic assessment and documentation of the patient's 472
functional status, including the ability to engage in work or 473
other purposeful activities, the pain intensity and its 474
interference with activities of daily living, quality of family 475
life and social activities, and physical activity of the 476
patient; 477

(c) Periodic assessment and documentation of the patient's 478
progress toward treatment objectives, including the intended 479

role of controlled substances ~~or products containing tramadol~~ 480
within the overall plan of treatment; 481

(d) Periodic assessment and documentation for indicators 482
of possible addiction, drug abuse, or drug diversion; 483

(e) Notation of any adverse drug effects. 484

(4) The dates on which controlled substances ~~or products~~ 485
~~containing tramadol~~ were prescribed, furnished, or administered, 486
the name and address of the patient to or for whom the 487
controlled substances ~~or products containing tramadol~~ were 488
prescribed, furnished, or administered, and the amounts and 489
dosage forms for the controlled substances ~~or products~~ 490
~~containing tramadol~~ prescribed, furnished, or administered; 491

(5) A copy of any record or report made by another 492
physician that was used or consulted for the purpose of 493
diagnosing the patient's chronic pain or treating the patient 494
for chronic pain. 495

(E) A physician shall not prescribe, personally furnish, 496
or administer to a patient a controlled substance ~~or product~~ 497
~~containing tramadol~~ without taking into account the potential 498
for abuse of the controlled substance ~~or product~~, the 499
possibility the controlled substance ~~or product~~ may lead to 500
dependence, the possibility the patient will obtain the 501
controlled substance ~~or product~~ for a nontherapeutic use or 502
distribute it to other persons, and the potential existence of 503
an illicit market for the controlled substance ~~or product~~. In 504
addition, the physician shall address with the patient the risks 505
associated with protracted treatment with controlled substances 506
~~or products containing tramadol~~, including informing the patient 507
of the potential for dependence, tolerance, and addiction and 508

the clinical or monitoring tools the physician may use if signs 509
of addiction, drug abuse, or drug diversion are present. 510

(F) A physician who treats chronic pain by managing it 511
with controlled substances ~~or products containing tramadol~~ is 512
not subject to disciplinary action by the board under section 513
4731.22 of the Revised Code solely because the physician treated 514
the chronic pain with controlled substances ~~or products~~ 515
~~containing tramadol~~. 516

Sec. 4731.054. (A) As used in this section: 517

(1) "Chronic pain" has the same meaning as in section 518
4731.052 of the Revised Code. 519

(2) "Controlled substance" has the same meaning as in 520
section 3719.01 of the Revised Code. 521

(3) "Hospice care program" means a program licensed under 522
Chapter 3712. of the Revised Code. 523

(4) "Hospital" means a hospital registered with the 524
department of health under section 3701.07 of the Revised Code. 525

(5) "Owner" means each person included on the list 526
maintained under division (B) (6) of section 4729.552 of the 527
Revised Code. 528

(6) (a) "Pain management clinic" means a facility to which 529
both of the following apply: 530

(i) The majority of patients of the prescribers at the 531
facility are provided treatment for chronic pain through the use 532
of controlled substances, ~~tramadol~~, or other drugs specified in 533
rules adopted under this section; 534

(ii) The facility meets any other identifying criteria 535

established in rules adopted under this section. 536

(b) "Pain management clinic" does not include any of the 537
following: 538

(i) A hospital; 539

(ii) A facility operated by a hospital for the treatment 540
of chronic pain; 541

(iii) A physician practice owned or controlled, in whole 542
or in part, by a hospital or by an entity that owns or controls, 543
in whole or in part, one or more hospitals; 544

(iv) A school, college, university, or other educational 545
institution or program to the extent that it provides 546
instruction to individuals preparing to practice as physicians, 547
podiatrists, dentists, nurses, physician assistants, 548
optometrists, or veterinarians or any affiliated facility to the 549
extent that it participates in the provision of that 550
instruction; 551

(v) A hospice care program with respect to its hospice 552
patients; 553

(vi) A hospice care program with respect to its provision 554
of palliative care in an inpatient facility or unit to patients 555
who are not hospice patients, as authorized by section 3712.10 556
of the Revised Code, but only in the case of those palliative 557
care patients who have a life-threatening illness; 558

(vii) A palliative care inpatient facility or unit that 559
does not admit hospice patients and is not otherwise excluded as 560
a pain management clinic under division (A) (6) (b) of this 561
section, but only in the case of those palliative care patients 562
who have a life-threatening illness; 563

(viii) An ambulatory surgical facility licensed under 564
section 3702.30 of the Revised Code; 565

(ix) An interdisciplinary pain rehabilitation program with 566
three-year accreditation from the commission on accreditation of 567
rehabilitation facilities; 568

(x) A nursing home licensed under section 3721.02 of the 569
Revised Code or by a political subdivision certified under 570
section 3721.09 of the Revised Code; 571

(xi) A facility conducting only clinical research that may 572
use controlled substances in studies approved by a hospital- 573
based institutional review board or an institutional review 574
board accredited by the association for the accreditation of 575
human research protection programs. 576

(7) "Physician" means an individual authorized under this 577
chapter to practice medicine and surgery or osteopathic medicine 578
and surgery. 579

(8) "Prescriber" has the same meaning as in section 580
4729.01 of the Revised Code. 581

(B) Each owner shall supervise, control, and direct the 582
activities of each individual, including an employee, volunteer, 583
or individual under contract, who provides treatment of chronic 584
pain at the pain management clinic or is associated with the 585
provision of that treatment. The supervision, control, and 586
direction shall be provided in accordance with rules adopted 587
under this section. 588

(C) The state medical board shall adopt rules in 589
accordance with Chapter 119. of the Revised Code that establish 590
all of the following: 591

(1) Standards and procedures for the operation of a pain management clinic; 592
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(2) Standards and procedures to be followed by a physician who provides care at a pain management clinic; 594
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(3) For purposes of division (A) (5) (a) (i) of this section, the other drugs used to treat chronic pain that identify a facility as a pain management clinic; 596
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(4) For purposes of division (A) (5) (a) (ii) of this section, the other criteria that identify a facility as a pain management clinic; 599
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(5) For purposes of division (B) of this section, standards and procedures to be followed by an owner in providing supervision, direction, and control of individuals at a pain management clinic. 602
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(D) The board may impose a fine of not more than twenty thousand dollars on a physician who fails to comply with rules adopted under this section. The fine may be in addition to or in lieu of any other action that may be taken under section 4731.22 of the Revised Code. The board shall deposit any amounts received under this division in accordance with section 4731.24 of the Revised Code. 606
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(E) (1) The board may inspect either of the following as the board determines necessary to ensure compliance with this chapter and any rules adopted under it regarding pain management clinics: 613
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(a) A pain management clinic; 617

(b) A facility or physician practice that the board suspects is operating as a pain management clinic in violation 618
619

of this chapter. 620

(2) The board's inspection shall be conducted in 621
accordance with division (F) of section 4731.22 of the Revised 622
Code. 623

(3) Before conducting an on-site inspection, the board 624
shall provide notice to the owner or other person in charge of 625
the facility or physician practice, except that the board is not 626
required to provide the notice if, in the judgment of the board, 627
the notice would jeopardize an investigation being conducted by 628
the board. 629

Sec. 4731.055. (A) As used in this section: 630

(1) "Drug database" means the database established and 631
maintained by the state board of pharmacy pursuant to section 632
4729.75 of the Revised Code. 633

(2) "Physician" means an individual authorized under this 634
chapter to practice medicine and surgery, osteopathic medicine 635
and surgery, or podiatric medicine and surgery. 636

(3) "Opioid analgesic" and "benzodiazepine" have the same 637
meanings as in section 3719.01 of the Revised Code. 638

(B) Except as provided in divisions (C) and (E) of this 639
section, a physician shall comply with all of the following as 640
conditions of prescribing a drug that is either an opioid 641
analgesic or a benzodiazepine, or personally furnishing a 642
complete or partial supply of such a drug, as part of a 643
patient's course of treatment for a particular condition: 644

(1) Before initially prescribing or furnishing the drug, 645
the physician or the physician's delegate shall request from the 646
drug database a report of information related to the patient 647

that covers at least the twelve months immediately preceding the 648
date of the request. If the physician practices primarily in a 649
county of this state that adjoins another state, the physician 650
or delegate also shall request a report of any information 651
available in the drug database that pertains to prescriptions 652
issued or drugs furnished to the patient in the state adjoining 653
that county. 654

(2) If the patient's course of treatment for the condition 655
continues for more than ninety days after the initial report is 656
requested, the physician or delegate shall make periodic 657
requests for reports of information from the drug database until 658
the course of treatment has ended. The requests shall be made at 659
intervals not exceeding ninety days, determined according to the 660
date the initial request was made. The request shall be made in 661
the same manner provided in division (B)(1) of this section for 662
requesting the initial report of information from the drug 663
database. 664

(3) On receipt of a report under division (B)(1) or (2) of 665
this section, the physician shall assess the information in the 666
report. The physician shall document in the patient's record 667
that the report was received and the information was assessed. 668

(C) Division (B) of this section does not apply in any of 669
the following circumstances: 670

(1) A drug database report regarding the patient is not 671
available, in which case the physician shall document in the 672
patient's record the reason that the report is not available. 673

~~(2) The drug is prescribed or personally furnished in an 674~~
~~amount indicated for a period not to exceed seven days. 675~~

~~(3) The drug is prescribed or personally furnished for the 676~~

treatment of cancer or another condition associated with cancer. 677

~~(4)~~ (3) The drug is prescribed or personally furnished to 678
a hospice patient in a hospice care program, as those terms are 679
defined in section 3712.01 of the Revised Code, or any other 680
patient diagnosed as terminally ill. 681

~~(5)~~ (4) The drug is prescribed or personally furnished for 682
administration in a hospital, nursing home, or residential care 683
facility. 684

~~(6)~~ (5) The drug is prescribed or personally furnished to 685
treat acute pain resulting from a surgical or other invasive 686
procedure or a delivery, but only if the drug is prescribed or 687
personally furnished in an amount indicated for a period not to 688
exceed three days. 689

(D) The state medical board may adopt rules that establish 690
standards and procedures to be followed by a physician regarding 691
the review of patient information available through the drug 692
database under division (A) (5) of section 4729.80 of the Revised 693
Code. The rules shall be adopted in accordance with Chapter 119. 694
of the Revised Code. 695

(E) This section and any rules adopted under it do not 696
apply if the state board of pharmacy no longer maintains the 697
drug database. 698

Section 2. That existing sections 4715.302, 4723.481, 699
4723.487, 4729.83, 4730.42, 4730.53, 4731.052, 4731.054, and 700
4731.055 of the Revised Code are hereby repealed. 701

Section 3. That the version of section 4723.481 of the 702
Revised Code that is scheduled to take effect September 30, 703
2024, be amended to read as follows: 704

Sec. 4723.481. This section establishes standards and 705
conditions regarding the authority of an advanced practice 706
registered nurse who is designated as a clinical nurse 707
specialist, certified nurse-midwife, or certified nurse 708
practitioner to prescribe and personally furnish drugs and 709
therapeutic devices under a license issued under section 4723.42 710
of the Revised Code. 711

(A) A clinical nurse specialist, certified nurse-midwife, 712
or certified nurse practitioner shall not prescribe or furnish 713
any drug or therapeutic device that is listed on the 714
exclusionary formulary established in rules adopted under 715
section 4723.50 of the Revised Code. 716

(B) The prescriptive authority of a clinical nurse 717
specialist, certified nurse-midwife, or certified nurse 718
practitioner shall not exceed the prescriptive authority of the 719
collaborating physician or podiatrist, including the 720
collaborating physician's authority to treat chronic pain with 721
controlled substances ~~and products containing tramadol~~ as 722
described in section 4731.052 of the Revised Code. 723

(C) (1) Except as provided in division (C) (2) or (3) of 724
this section, a clinical nurse specialist, certified nurse- 725
midwife, or certified nurse practitioner may prescribe to a 726
patient a schedule II controlled substance only if all of the 727
following are the case: 728

(a) The patient has a terminal condition, as defined in 729
section 2133.01 of the Revised Code. 730

(b) A physician initially prescribed the substance for the 731
patient. 732

(c) The prescription is for an amount that does not exceed 733

the amount necessary for the patient's use in a single, seventy- 734
two-hour period. 735

(2) The restrictions on prescriptive authority in division 736
(C) (1) of this section do not apply if a clinical nurse 737
specialist, certified nurse-midwife, or certified nurse 738
practitioner issues the prescription to the patient from any of 739
the following entities: 740

(a) A hospital registered under section 3701.07 of the 741
Revised Code; 742

(b) An entity owned or controlled, in whole or in part, by 743
a hospital or by an entity that owns or controls, in whole or in 744
part, one or more hospitals; 745

(c) A health care facility operated by the department of 746
mental health and addiction services or the department of 747
developmental disabilities; 748

(d) A nursing home licensed under section 3721.02 of the 749
Revised Code or by a political subdivision certified under 750
section 3721.09 of the Revised Code; 751

(e) A county home or district home operated under Chapter 752
5155. of the Revised Code that is certified under the medicare 753
or medicaid program; 754

(f) A hospice care program, as defined in section 3712.01 755
of the Revised Code; 756

(g) A community mental health services provider, as 757
defined in section 5122.01 of the Revised Code; 758

(h) An ambulatory surgical facility, as defined in section 759
3702.30 of the Revised Code; 760

(i) A freestanding birthing center, as defined in section 761
3702.141 of the Revised Code; 762

(j) A federally qualified health center, as defined in 763
section 3701.047 of the Revised Code; 764

(k) A federally qualified health center look-alike, as 765
defined in section 3701.047 of the Revised Code; 766

(l) A health care office or facility operated by the board 767
of health of a city or general health district or the authority 768
having the duties of a board of health under section 3709.05 of 769
the Revised Code; 770

(m) A site where a medical practice is operated, but only 771
if the practice is comprised of one or more physicians who also 772
are owners of the practice; the practice is organized to provide 773
direct patient care; and the clinical nurse specialist, 774
certified nurse-midwife, or certified nurse practitioner 775
providing services at the site has a standard care arrangement 776
and collaborates with at least one of the physician owners who 777
practices primarily at that site; 778

(n) A site where a behavioral health practice is operated 779
that does not qualify as a location otherwise described in 780
division (C) (2) of this section, but only if the practice is 781
organized to provide outpatient services for the treatment of 782
mental health conditions, substance use disorders, or both, and 783
the clinical nurse specialist, certified nurse-midwife, or 784
certified nurse practitioner providing services at the site of 785
the practice has a standard care arrangement and collaborates 786
with at least one physician who is employed by that practice; 787

(o) A residential care facility, as defined in section 788
3721.01 of the Revised Code. 789

(3) A clinical nurse specialist, certified nurse-midwife, 790
or certified nurse practitioner shall not issue to a patient a 791
prescription for a schedule II controlled substance from a 792
convenience care clinic even if the clinic is owned or operated 793
by an entity specified in division (C) (2) of this section. 794

(D) A pharmacist who acts in good faith reliance on a 795
prescription issued by a clinical nurse specialist, certified 796
nurse-midwife, or certified nurse practitioner under division 797
(C) (2) of this section is not liable for or subject to any of 798
the following for relying on the prescription: damages in any 799
civil action, prosecution in any criminal proceeding, or 800
professional disciplinary action by the state board of pharmacy 801
under Chapter 4729. of the Revised Code. 802

(E) A clinical nurse specialist, certified nurse-midwife, 803
or certified nurse practitioner shall comply with section 804
3719.061 of the Revised Code if the nurse prescribes for a 805
minor, as defined in that section, an opioid analgesic, as 806
defined in section 3719.01 of the Revised Code. 807

Section 4. That the existing version of section 4723.481 808
of the Revised Code that is scheduled to take effect September 809
30, 2024, is hereby repealed. 810

Section 5. Sections 3 and 4 of this act take effect 811
September 30, 2024. 812

Section 6. The General Assembly, applying the principle 813
stated in division (B) of section 1.52 of the Revised Code that 814
amendments are to be harmonized if reasonably capable of 815
simultaneous operation, finds that the following sections, 816
presented in this act as composites of the sections as amended 817
by the acts indicated, are the resulting versions of the 818

sections in effect prior to the effective date of the sections 819
as presented in this act: 820

The version of section 4723.481 of the Revised Code that 821
is scheduled to take effect September 30, 2024, as amended by 822
H.B. 33 of the 135th General Assembly and by H.B. 110 and H.B. 823
509 of the 134th General Assembly. 824

Section 4730.53 of the Revised Code as amended by S.B. 110 825
of the 131st General Assembly and H.B. 394 and S.B. 276, both of 826
the 130th General Assembly. 827